

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/582869		FILING DATE	
APPLICANT(S)									
CLAIMS									
		AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
		IND.	DEP.	IND.	DEP.	IND.	DEP.		
1		✓		✓					
2			✓		✓				
3			✓		✓				
4			✓		✓				
5			✓		✓				
6			✓		✓				
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TOTAL IND.		↓		2	↓		↓		
TOTAL DEP.		←		9	←		←		
TOTAL CLAIMS				11					
51									
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TOTAL IND.		↓			↓		↓		
TOTAL DEP.		←			←		←		
TOTAL CLAIMS									

PTO - 1360 (REV. 11/04)

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